

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/980,641

FILING DATE

APPLICANT(S)

CLAIMS

	CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		14				
6		47				
7		10				
8		67				
9		10				
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50						
TOTAL IND.	1					
TOTAL DEP.	9	↓	↓	↓		
TOTAL CLAIMS	10					